Client Reference: H7952US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION of:

Confirmation Number: 5585

SHIN NISHIZAWA

Application No.: 10/607,338

Group Art Unit: 2621

Filed: June 26, 2003

Examiner: ZHAO, DAQUAN

For: METHOD OF CONTROLLING THE OPERATION OF AN OPTICAL DISC RECORDING APPARATUS, AND RECORDING MEDIUM ON WHICH THE

CONTROL PROGRAM IS RECORDED .

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a three months extension of time under 37 C.F.R. 1.136.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | — | SENT TRA | | RA | ΛΤΕ | | ADC FE | |
|----------|---|---------------------------------------|---------|-------------|-------|-------|----------|---|-----------|----------|
| TOTAL | . 17 | - 20 or HP | = | 0 | × | \$ | 52.00 | = | \$ | 0.00 |
| INDEP. | 5 | - 3 or HP | = | 0 | × | \$ | 220.00 | = | \$ | 0.00 |
| FIRST PR | ESENTATION OF | MULTIPLE DEP | . CLAIM | | + | \$ | 390.00 | = | \$ | 0.00 |
| | | | тот | AL ADD | OITIO | NAL C | LAIM FEE | | \$ | -0.00 |
| | | | | EXTE | NSIO | N OF | TIME FEE | | \$ | 1,110.00 |
| | | | | | | GRAN | ND TOTAL | | \$ | 1,110.00 |

Client Reference: H7952US

FEE PAYMENT

Authorization is hereby made to charge the amount of \$1,110.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: July 29, 2010

PILLSBURY WINTHROP SHAW

PITTMAN LLP

725 South Figueroa Street Los Angeles, CA 90017-5406 Telephone: (213) 488-7100 Facsimile: (213) 629-1033

Customer No. 27496

Roger R. Wise

Registration No. 31204

CERTIFICATION UNDER 37 C.F.R. §§ 1.8 and/or 1.10*

(When using Express Mail, the Express Mail label number is *mandatory;* Express Mail certification is optional.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Date: <u>July 29, 2010</u>

Roger R. Wise

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRES | SENT TRA | | R/ | ATE | | ADD FE | |
|----------|---|---------------------------------------|-------|-------------|-------|-------|------------|---|-----------|----------|
| TOTAL | 17 | - 20 or HP | = | 0 | x | \$ | 52.00 | = | \$ | 0.00 |
| INDEP. | 5 | - 3 or HP | = | 0 | х | \$ | 220.00 | = | \$ | 0.00 |
| FIRST PR | ESENTATION OF | MULTIPLE DEP. | CLAIM | | + | \$ | 390.00 | = | \$ | 0.00 |
| | | | TOT | AL ADD | ITIOI | NAL C | LAIM FEE | | \$ | 0.00 |
| | | | | EXTE | NSIO | N OF | TIME FEE | | \$ | 1,110.00 |
| | | | | | | GRA | ND TOTAL | | \$ | 1,110.00 |

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Signature

Date: <u>July 29, 2010</u>

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Approved for use through 06/30/2010. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| Fees pursuent to the Consolid | | | | Application Number | 10/607,3 | 38 | | | |
| FEE TR | ANS | ALLINK | \ L ' | Filing Date | June 26, | 2003 | | | |
| For | r FY 2 | 2009 | ! | First Named Inventor | SHIN NI | SHIZAWA | | | |
| | | _ - | | Examiner Name | ZHAO, D | DAQUAN | | | |
| Applicant claims small e | intity status. | See 37 CFR 1.27 | | Art Unit | 2621 | | | | |
| TOTAL AMOUNT OF PA | YMENT | (\$)1,110.00 | | Attomey Docket No. | 051270-0 | 0304519 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check Credit | Check Credit Card Money Order Other (please identify): | | | | | | | | |
| Deposit Account Deposit Account Number: 033975 Deposit Account Name: Pillsbury Winthrop Shaw Pittman LLP | | | | | | | | | |
| For the above-ident | tified deposi | t account, the Direct | tor is here | eby authorized to: (check a | all that apply) |) | | | |
| Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | |
| FEE CALCULATION | | | | ······ | | | | | |
| 1. BASIC FILING, SEA | | | | | | | • | | |
| , | FILING | FEES Small Entity | SEAK | RCH FEES Small Entity | EXAMINA | TION FEES Small Entity | | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | | Fee (\$) | Fee (\$) | Fees Paid (\$) | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | | | |
| Design | 220 | 110 | 100 | . 50 | 140 | 70 | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | | | |
| Reissue | 330 | . 165 | 540 | 270 | 650 | 325 | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEI | ES | | | | | <u>Sr</u> | mall Entity | | |
| Fee Description | · • · · · · · · · · · · · · · · · · · · | | | | | <u>Fee (\$)</u> | Fee (\$) | | |
| Each claim over 20 (inc | _ | , | ` | | | 52 220 | 26 | | |
| Each independent claim Multiple dependent clair | | Cluding Keissnes | , | | | 390 | 110 195 | | |
| Total Claims | Extra CI | laims Fee (\$ | i) Fer | es Paid (\$) | | Multiple Deper | | | |
| 17 - 20 or HP | · = 0 | × 0 | = 0 | | | <u>Fee (\$)</u> | Fee Paid (\$) | | |
| HP = highest number of total cla | | - | · - | - P-14 (A) | | 0 | 0 | | |
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| HP = highest number of indepe | <u>-</u> | | <u> </u> | | | | | | |
| 3. APPLICATION SIZE | | port 121, 11 g 11 1 | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | | |
| | | | | due is \$270 (\$135 for s | small entity) |) for each addit | tional 50 | | |
| sheets or fraction th | nereof. See xtra Sheets | | | nd 37 CFR 1.16(s). n additional 50 or fraction | n thereof | Fee (\$) | Fee Paid (\$) | | |
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| SUBMITTED BY | 1 7 | | |
|-------------------|---------------|--|------------------------|
| Signature | Loye R. Wilde | Registration No. 31204 (Attomey/Agent) | Telephone 213.488.7584 |
| Name (Print/Type) | Roger R. Wise | | Date July 29, 2010 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the In scollection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AmericanLegalN. www.Forms.Work.

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3-Month Extension of Time

Fee Paid (\$)

1,110.00

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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| FEE TRANSMITTAL | Ľ |
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| | 16 |

For FY 2009

Effective on 12/08/2004.

| Applicant claims | small entity | status. See | 37 CFR 1.27 |
|------------------|--------------|-------------|-------------|

TOTAL AMOUNT OF PAYMENT

| Complete If Known | | | | | | | |
|----------------------|----------------|-------------|--|--|--|--|--|
| Application Number | 10/607,338 | | | | | | |
| Filing Date | June 26, 2003 | | | | | | |
| First Named Inventor | SHIN NISHIZAWA | | | | | | |
| Examiner Name | ZHAO, DAQUAN | | | | | | |
| Art Unit | 2621 | | | | | | |
| Attorney Docket No. | 051270-0304519 | | | | | | |

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| 330 | 165 | 54 | 270 | 220 | 110 | | | |
| 220 | 110 | 10 | . 50 | 140 | 70 | | | |
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| | Card Deposit Accountified deposit indicated beld ditional fee(s) 1.16 and 1.1 his form may be on on PTO-2031 ARCH, AND FILING Fee (\$) 330 220 220 330 220 330 220 330 220 EES cluding Reise over 3 (including Rei | Card Money Ord Deposit Account Number: 033 diffied deposit account, the straight of the straig | Deposit Account Number: 033975 Itified deposit account, the Director is here Itified deposit account, the Director is here It indicated below Itified deposit account, the Director is here Itified deposit account, the Director is her Itified deposit account in the Director is | Card Money Order None Other (plead Deposit Account Number: 033975 Deposit Account Reposit Account, the Director is hereby authorized to: (continuidated below diditional fee(s) or underpayments of fee(s) Credit any his form may become public. Credit card Information should not to mone on PTO-2038. ARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) 330 165 540 270 220 110 100 50 220 110 330 165 330 165 540 270 220 110 0 0 0 ESS Cluding Reissues) In over 3 (including Reissues) Ims Extra Claims Fee (\$) Fee (\$) Fees Paid (\$) 1 over 3 (including Reissues) Ims Extra Claims Fee (\$) Fees Paid (\$) 2 over 3 (including Reissues) In over 4 (including Reissues) In over 5 (including Reissues) In over 6 (including Reissues) In over 7 (including Reissues) In over 8 (including Reissues) In over 9 (including Reissues) In over 1 (including Reissues) In over 1 (including Reissues) In over 1 (including Reissues) In over 2 (including Reissues) In over 3 (including Reissues) In over 3 (including Reissues) In over 4 (including Reissues) In over 5 (including Reissues) In over 6 (including Reissues) In over 7 (including Reissues) In over 8 (including Reissues) In over 9 (including Reissues) In over 1 (including Reissues) In over 1 (including Reissues) In over 2 (including Reissues) In over 3 (including Reissues) In over 4 (including Reissues) In over 5 (including Reissues) In over 6 (including Reissues) In over 7 (including Reissues) In over 8 (including Reissues) In over 9 (including | Card Money Order None Other (please identify): Deposit Account Number: 033975 Deposit Account Name: Pillsbuttified deposit account, the Director is hereby authorized to: (check all that appl pindicated below diditional fee(s) or underpayments of fee(s) Credit any overpayments of faction and 1.17 Inis form may become public. Credit card Information should not be included on this on on PTO-2038. ARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES FILING FEES SEARCH FEES Fee (\$) Fee (\$ | Try (check all that apply) Card Money Order None Other (please identify): Deposit Account Number: 033975 Deposit Account Name: Pillsbury Winthrop Shaw tiffed deposit account, the Director is hereby authorized to: (check all that apply) try diditional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the diditional fee(s) or underpayments of fee(s) Credit any overpayments ARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Fee (\$) Fee | | |

| SUBMITTED BY | , 7 | | | |
|-------------------|---------------|---------|--|------------------------|
| Signature | Loyell | . Whose | Registration No. 31204 (Attorney/Agent) | Telephone 213.488.7584 |
| Name (Print/Type) | Roger R. Wise | • | | Date July 29, 2010 |

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